

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001502

FILED
Mar 15, 2009
Secretary of State

Entity Name: CHEER ILLUZIONS, INC.

Current Principal Place of Business:

15640 WEST BUNCHE PARK DRIVE
OPA LOCKA, FL 33054

New Principal Place of Business:

4960 NW 165 STREET UNIT B19
MIAMI GARDENS, FL 33014

Current Mailing Address:

15640 WEST BUNCHE PARK DRIVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-2537269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNBAPTISTE, TANISHA D
15640 WEST BUNCHE PARK DRIVE
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNBAPTISTE, TANISHA D
Address: 15640 WEST BUNCHE PK DR
City-St-Zip: OPA LOCKA, FL 33054

Title: V () Delete
Name: STRAUGHTER, LEKETRISSE
Address: 514 NW 179 ST
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: MARTIN, OCTAVIA
Address: 8410 NORTH SHERMAN CIRCLE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DEBORAH, SESSOMS
Address: 15640 WEST BUNCHE PARK DRIVE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: T (X) Change () Addition
Name: NA'IMAH, MARTIN
Address: 1901 NW 185 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANISHA JOHNBAPTISTE

P

03/15/2009

Electronic Signature of Signing Officer or Director

Date